

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**30407**

State File No. \_\_\_\_\_

**FILED AUG 31 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7588**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE		b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>21 1421 HOGAN ST.</b>					
3. NAME OF DECEASED (Type or Print)		a. (First) <b>PHILIP</b>		b. (Middle) <b>A.</b>			
		c. (Last) <b>SCHOETTLER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 13, 1953</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer-Unemployed</b>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) <b>ab. 64</b> IF UNDER 1 YEAR: Months Days IF UNDER 6 Mths: Hours Mins.			
11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Co., Mo.</b>		12. CITIZEN OF WHAT COUNTRY?					
13a. FATHER'S NAME <b>Cornelius Schoettler</b>		13b. MOTHER'S MAIDEN NAME <b>Barara Mertz</b>		14. NAME OF HUSBAND OR WIFE <b>Pauline Schoettler</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes W.W.#1</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Catherine Koebel Baldwin, Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Vascular Accident</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive Cardiovascular Disease</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) COUNTY STATE <b>443 X</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <b>6-25-53</b> , 19, to <b>7-13-53</b> , 19, that I last saw the deceased alive on <b>7-13-53</b> , 19, and that death occurred at <b>6:30P</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Richard J. Davis M.D.</b>		(Degree or title)		23b. ADDRESS <b>1515 Lafayette Avenue</b>			
23c. DATE SIGNED <b>7-14-53</b>							
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		24b. DATE <b>8-4-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>			
24d. LOCATION (City, town, or county) (State) <b>Jefferson Barracks, Mo.</b>							
DATE REC'D BY LOCAL REG. <b>AUG 4 1953</b>		REGISTRAR'S SIGNATURE <b>J. C. Smith 190</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Kriegshauser 4228 S. Kingshighway</b>			

(Licensed Embellisher's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

*No Embalming*

Student Embalmer No. \_\_\_\_\_

Signed

*Edmund A. McArthur*

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.